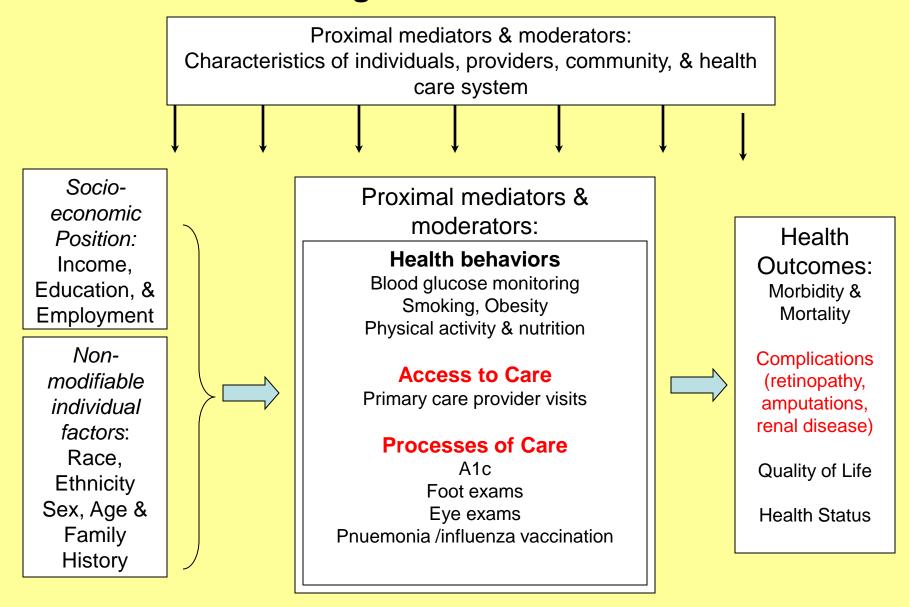
Disparities in Diabetes in Washington

2008 Update

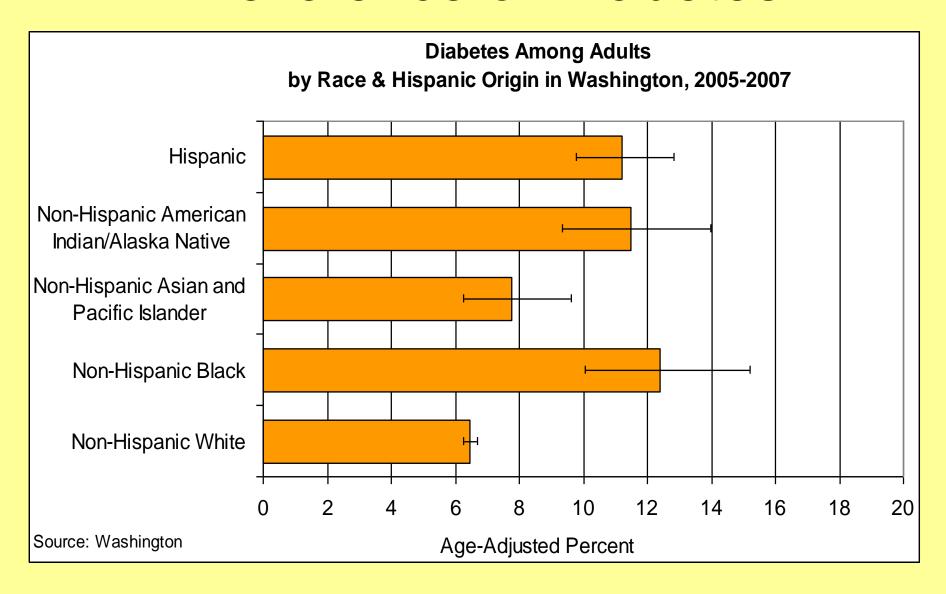
Angela Kemple, Marilyn Sitaker
Chronic Disease Prevention Unit,
Washington State Department of Health

Conceptual framework: Relationship between SEP & Health among adults with diabetes.



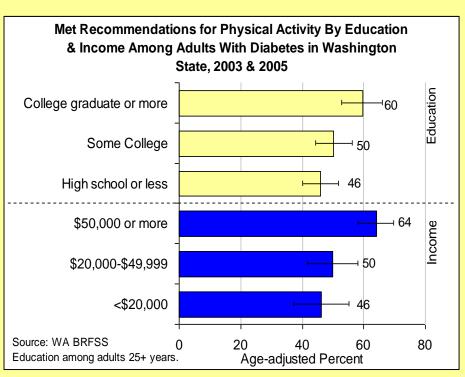
Source: Brown, et. al, *Epidemiol Rev* (2003); 26:63-77.

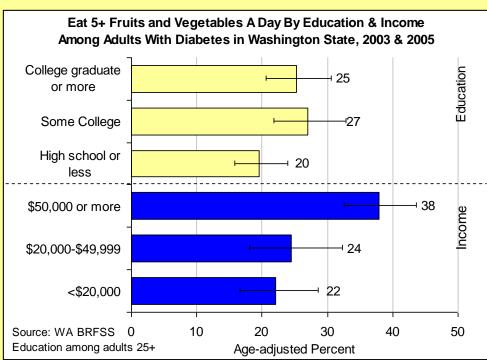
Prevalence of Diabetes



Health Behaviors

Health Behavior: Physical Activity & Nutrition

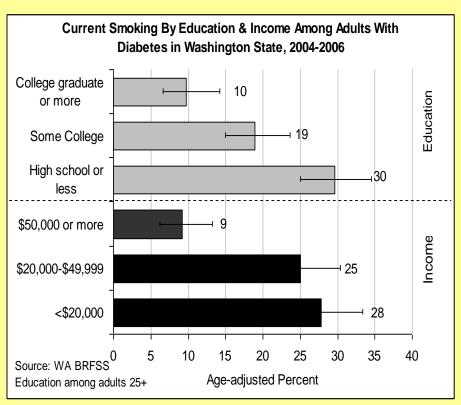


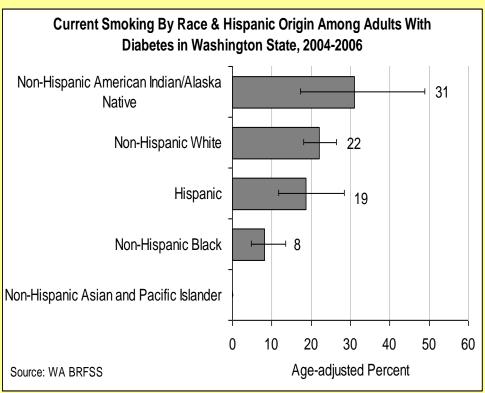


Adults with diabetes who have the highest levels of income significantly more likely to eat nutritiously (evidenced by eating fruits and vegetables 5 or more times a day) and to get recommended levels of physical activity compared to those at the lowest levels.

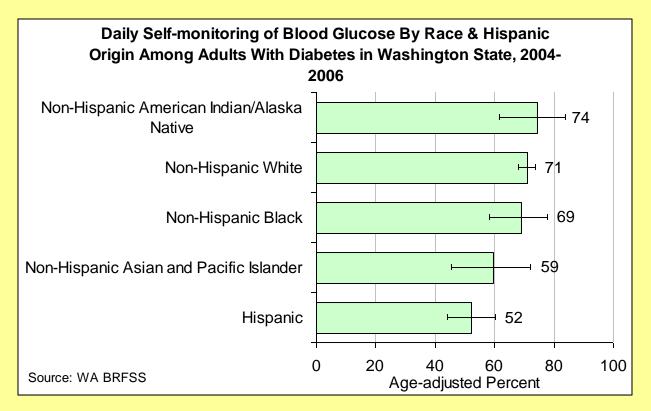
Adults with diabetes who have the highest levels of education are significantly more likely get recommended levels of physical activity compared to those at the lowest levels.

Health Behavior: Smoking





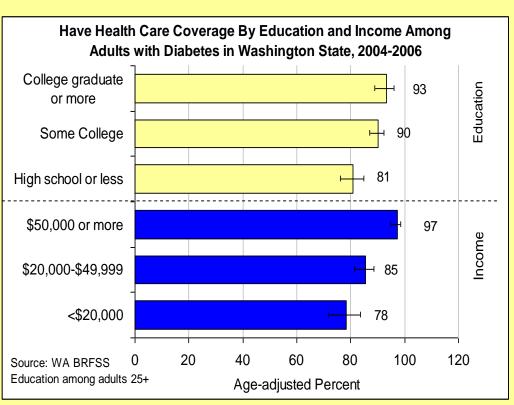
Health Behavior: Blood Glucose Monitoring

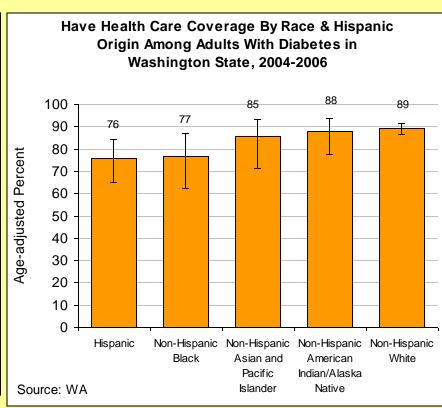


Non-Hispanic whites were significantly more likely to check their blood glucose daily compared to Hispanics.

Access to Healthcare

Access to Healthcare: Healthcare coverage

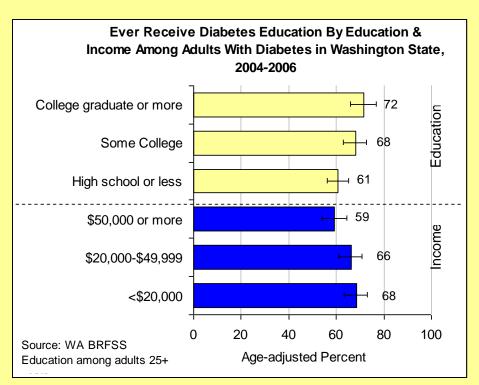


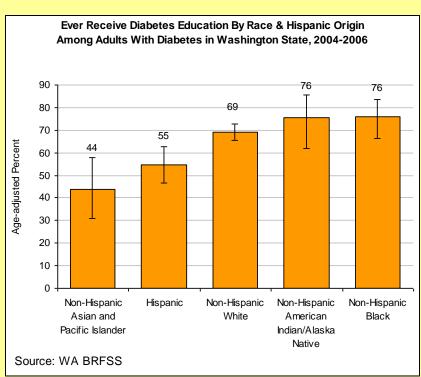


Adults with diabetes at the highest levels of income and education are significantly more likely to have health care coverage compared to those at the lowest levels.

Whites with diabetes are significantly more likely to have health care coverage compared to Hispanic and black (borderline significance) adults.

Access to Healthcare: Diabetes Education

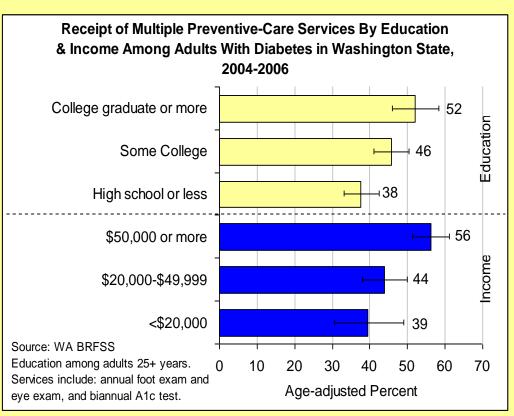


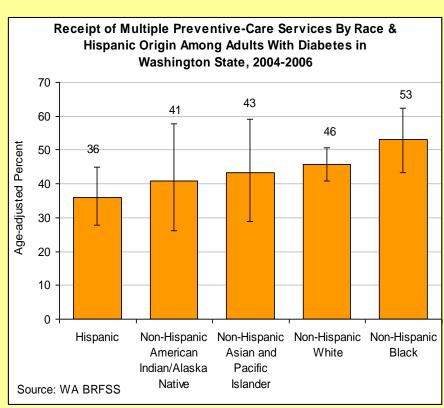


Adults with diabetes at the highest levels of education are significantly more likely to receive diabetes education compared to those at the lowest levels. Conversely—adults at the lowest income level are more likely to receive education than those at the highest level.

White adults with diabetes are significantly more likely to receive diabetes education compared to Asian and Hispanic adults.

Access to Healthcare: Receipt of Multiple Preventive Services

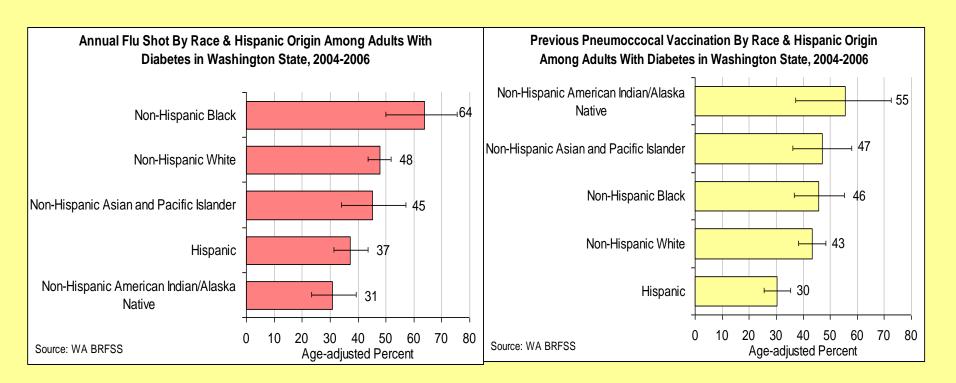




Adults with diabetes at the highest levels of income and education are significantly more likely to receive multiple preventive care services compared to those at the lowest levels.

White adults with diabetes are significantly more likely to receive multiple preventive care services compared to Hispanic (borderline) adults.

Access to Healthcare: Lifetime pneumococcal and annual influenza vaccination

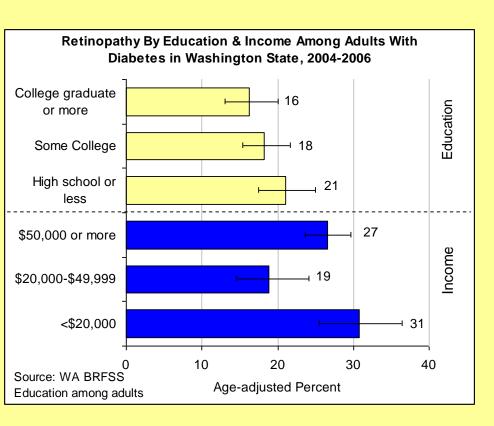


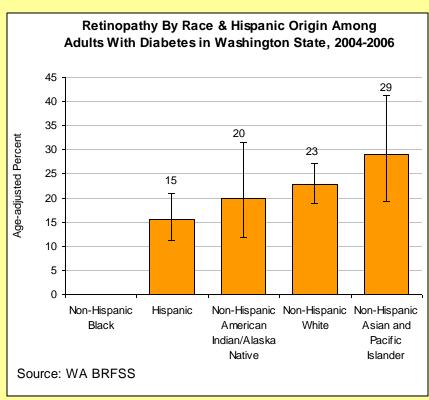
White adults with diabetes are significantly more likely to receive an annual 'flu shot compared to American Indian and Alaska Native, Hispanic, and black adults.

White adults with diabetes are significantly more likely to have had a pneumococcal vaccination at some point compared to Hispanic adults.

Outcomes: Complications of Diabetes

Complications: Retinopathy

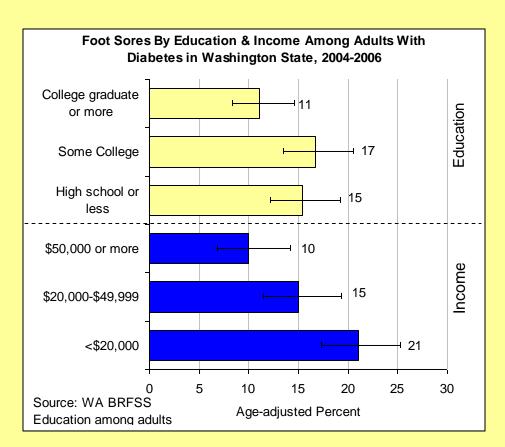




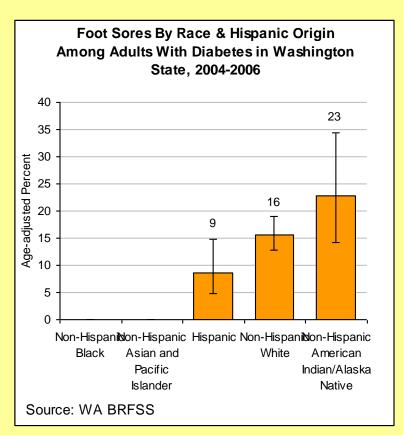
Adults with diabetes at the highest levels of education are significantly less likely to have retinopathy compared to those at the lowest levels.

White adults with diabetes are significantly less likely to have retinopathy compared to Hispanic adults.

Complications: Foot Sores

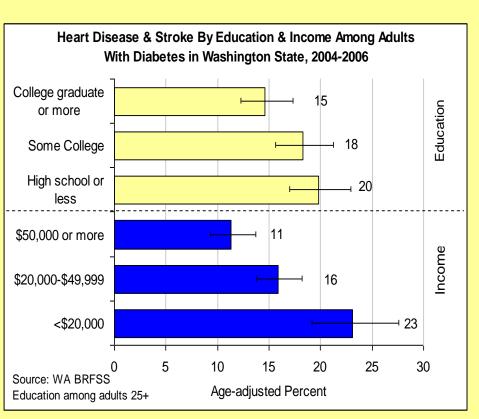


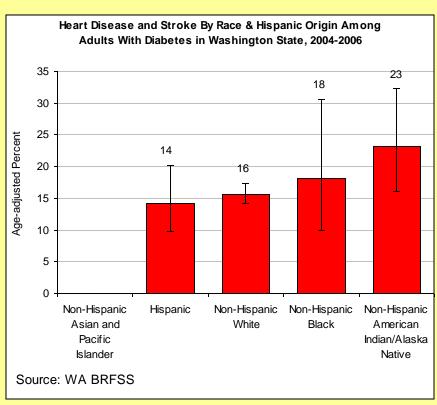
Adults with diabetes at the highest levels of income are significantly less likely to have foot sores compared to those at the lowest levels.



White adults with diabetes are significantly less likely to have foot sores compared to Hispanic adults.

Complication: Heart Disease and Stroke





There is a strong statistically significant relationship between socioeconomic position and self-reported heart disease and stroke

Among adults with diabetes, American Indians and Alaska Natives are significantly more likely to report having heart disease and stroke than whites.